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CONFIRMATION NO. 2306

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10/587,714		407	1647	2159.0450001/EJH/SAC

APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/US05/02535 01/28/2005
 which claims benefit of 60/540,798 01/30/2004

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No		MA	3	20	2

ADDRESS

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TITLE

Treatment of Conditions Involving Dopaminergic Neuronal Degeneration Using Nogo Receptor Antagonists

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit